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March 30, 2019

GARY REEVES 7015 ANDERSON LAKE DAWSONVILLE, GA 30534

SUBJECT: KJG CONSTRUCTION, LLC

Ref. Number: W19000032370

We have received your document for KJG CONSTRUCTION, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Letter Number: 419A00006355

Deborah Bruce Corporate Records Supervisor II

www.sunbiz.org

#### **COVER LETTER**

|                  | tration Section<br>on of Corporation | us  |  |                                       |                       |              |              |
|------------------|--------------------------------------|---|--|---------------------------------------|-----------------------|--------------|--------------|
| SUBJECT:         | KUE                                  | Constru<br>Name of I  | Ction<br>Limited Liability   | Company                               | _                     | _            |              |
|                  |                                      | eign Limited Liability Comp<br>d to register the above refere |  |                                       |                       |              |              |
| Please return al | II correspondence co                 | oncerning this matter to the                                  | following:   |                                       |                       |              |              |
|                  |                                      | Garu  | Repres   | 5                                     |                       |              |              |
|                  |                                      | N   | ime of Person  |                                       | <del></del>           | _            |              |
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|                  |                                      | Fi  | rm/Company   |                                       |                       | <del>_</del> |              |
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|                  | $\mathbb{D}_0$                       | wson ville  | , 6A   | 3053                                  | 4                     | ्रें छा      |              |
|                  |                                      | City/St   | ate and Zip Code   | 2                                     | .   ;                 | 11 2         | ig ≟ i<br>p= |
|                  | Kygc                                 | E-mail address: (to be used                                   | for future annua   | d Any                                 | naile C               | DW.          | Tenar :      |
| For further info | ormation concerning                  | g this matter, please call:                                   |  |                                       |                       |              |              |
| 6                | any Ry                               | Seves  of Contact Person                                      | at ( \line \chi \langle \langle \chi \langle \langle \chi \langle \langle \chi \lan | ) 410 - Daytime Te                    | 7527<br>lephone Numbe | <u> </u>     |              |
|                  | LING ADDRESS:<br>ion of Corporations |   |  | STREET ADDR                           |                       |              |              |
| Regist           | tration Section<br>Box 6327          |   |  | Registration Sect<br>Clifton Building | ion                   |              |              |
|                  | nassee, FL 32314                     |   |  | 2661 Executive C<br>Tallahassee, FL   |                       |              |              |
|                  |                                      | he following amount:<br>ble to: FLORIDA DEPART                | MENT OF STA  | ATE                                   | //                    |              |              |
| _                | 125.00 Filing Fee                    | \$130.00 Filing Fee &   | : 🔲 <b>\$</b> 155.0  | 0 Filing Fee &                        | \$160.00 Fili         | -            |              |

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLL<br>COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  | OWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED (                            | LLABILJIY           |
|---|---|---------------------|
| 1. (Name of Foreign Limited Liability Company; must include Limited Li  | ability Company," "L.L.C.," or "LLC.")  |                     |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida.  | The alternate name must include "Limited Liability Company," "L L.C," or "LLC | 2.")                |
| $_{2}$ $A$  | 3   |                     |
| (Jurisdiction under the law of which foreign limited liability company is organized)  | (FEI munber, if applicable)   | •                   |
| 4. (Dide first trinsacted business in Florida, if prior to regis<br>(See sections 605,0904 & 605,0905, F.S. to determine p  | itration )  |                     |
| 5. 7015 Ander son Lakerd  | 6. Sunda (Mailing Address)  | -                   |
| Dawsonville, GA 30534   |   |                     |
| /   |   | 7                   |
|   | 31 50 m   | خونمنون<br>سد بناتی |
| 7. Name and street address of Florida registered agent: (P.O. Box N   | I <u>OT</u> acceptable)   | [<br>جون،           |
|   |   | 1 <u>1</u> 1        |
| Name: Jan Keeves  | <u>မြို့ ယူ</u> ရှိ<br>———  | Parket.             |
| Office Address: 234 barra Cuda  | DR.   |                     |
| Panama, City Bo   | noh, Florida 32408  |                     |
| Registered agent's acceptance:  |   |                     |
| Having been named as registered agent and to accept service of prodesignated in this application, I hereby accept the appointment as roto comply with the provisions of all statutes relative to the proper an and accept the obligations of my position as registered agent. | egistered agent and agree to act in this capacity. I furth                    | her agree           |
| Sen Que   | anue)   |                     |

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title of Capacity: Title or Capacity: Name and Address: Name and Address: Manager ☐ Manager ☐ Member Member Authorized Authorized Person Person Other Other Other\_ Other Manager Manager 🗌 Name: \_\_\_\_\_ Member Member | Address: Authorized Authorized Person Person Other\_ Other\_ Other\_ Manager Name: Manager Manager Member Member Address: Address: Authorized Authorized Person Person Other Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

• • . •

Control Number: 16096048

### STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

' KJG Construction, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17133130 Date Inc/Auth/Filed: 10/05/2016 Jurisdiction : Georgia Print Date : 04/05/2019

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State